

SCHEDULE A**REPORT OF PUMPING****Owner****1** RIGHT/PERMIT/BMP Farm Unit NO.**ANNUAL REPORT 2015**

Note: Pumpage for each well must be shown on the attached well worksheets.
Information for up to four wells may be shown on each worksheet.

2 DWR WELL REGISTRATION NO.							3 SSP SUBZONE (Certain municipal and industrial wells in PINAL AMA only)	4 Depth to Static Water Level (Designated Providers Only)			5	RECOVERED WATER PUMPED				10
10	40	160	LOCATION				Date # 1	Msmt # 1	Well Running ? (Y/N)	Ground- water Pumped	6	7	8	9	Total Water Pumped	
Q	Q	Q	SEC	TWN	RNG	Date # 2										Msmt # 2
TOTAL WATER WITHDRAWN (acre-feet)										11*					12**	

* ENTER TOTAL ACRE-FEET OF GROUNDWATER WITHDRAWN IN PART I OF THE SUMMARY PAGE.

** ENTER ACRE-FEET OF TOTAL WATER PUMPED IN PART 4.D.1 OF THE SCHEDULE AWS.

SCHEDULE A

ARIZONA DEPARTMENT OF WATER RESOURCES

INSTRUCTIONS - REPORT OF PUMPING

Note: If any information pre-printed on this form is incorrect, please make the necessary corrections.
For information not already pre-printed on this form, please follow the directions below.

1. Enter owner or operator name and groundwater right, permit, or BMP Farm Unit number, if not already shown, in 1.
2. Enter DWR well registration number and location of each well, if not already shown, in 2.
3. Enter the Southside Protection Subzone the well is located in 3. This is applicable only to certain municipal and industrial wells in the PINAL AMA.
4. Providers with a Designation of Assured Water Supply are required to enter Depth to Static Water Level for each well in 4. Enter the date of the test(s) and indicate whether or not the well pump was running during the test(s) in the appropriate spaces.
- * **Steps 5-12: Please refer to calculation on well worksheets. All measurements must be in acre-feet.**
5. Enter total groundwater withdrawn from each well in 5 **Include water that was subsequently delivered to another right or given pursuant to an exchange agreement.**
6. Enter the total volume of Central Arizona Project water recovered from each well in 6. Wells must be permitted as recovery wells and providers must have CAP storage credits available to recover CAP water.
7. Enter the total volume of surface water recovered from each well in 7. Wells must be permitted as recovery wells and providers must have surface water storage credits available to recover surface water.
8. Enter the total volume of effluent recovered from each well within the area of impact (within 1 mile of the storage facility) in 8. Wells must be permitted as recovery wells and providers must have effluent storage credits available to recover effluent.
9. Enter the total volume of effluent recovered from each well outside the area of impact (greater than 1 mile from the storage facility) in 9. Wells must be permitted as recovery wells and providers must have effluent storage credits available to recover effluent.
10. Enter the grand total of water pumped in acre-feet for each well, in 10. This volume and the Well Worksheet volume must match.
11. Sum column 5 and enter the grand total acre-feet of groundwater withdrawn in 11 and in Part 1 of the Summary Page.
12. Sum column 10 and enter the grand total acre-feet of water withdrawn in 12 and in Part 4. D.1 of the Schedule AWS.

MEASURING DEVICE MALFUNCTION

Pursuant to A.A.C. R12-15-906, a measuring device that fails to perform for more than seventy-two (72) hours must be reported to the Department of Water Resources within seven (7) calendar days after the discovery of the malfunction. Corrective action must be taken within 30 days, and estimates of withdrawals made during the period the device was out of service must be provided. Results of the two per year required flow-rate measurements must also be attached. A Measuring Device Malfunction Report is available on request.

Please contact the AMA Office if you need assistance completing this form.

(602) 771-8585